



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2021  
Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

**FILED**  
**STAMP**  
JUN 14 2021  
FOR SECRETARY OF STATE  
USE ONLY  
BY 2953

1. Entity ID Number <b>29726</b>		2. Exact name of the Corporation <b>State FUEL HANDLERS UNION</b>	
3. State of Incorporation <b>Rhode ISLAND</b>		5. Brief description of the character of business conducted in Rhode Island <b>FUEL &amp; ASPHALT Storage</b>	
4. NAICS Code <b>813930</b>			
6. Principal Office Address <b>144 ALLENS AVE</b>		City <b>PROVIDENCE</b>	State <b>RI</b>
		Zip <b>02903</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>JEREMY M. CAIN</b>		Vice-President Name <b>JOSEPH CAIN</b>	
Street Address <b>24 BLINGTON AVE</b>		Street Address <b>16 DOVE ST</b>	
City <b>PORTSMOUTH</b>	State <b>RI</b>	City <b>RIVERSIDE</b>	State <b>RI</b>
Zip <b>02871</b>		Zip <b>02915</b>	
Secretary Name <b>MICHAEL MANNI</b>		Treasurer Name <b>BILL DIKO</b>	
Street Address <b>451 SAMUEL GORTON AVE</b>		Street Address <b>36 Old Hope Kent Rd.</b>	
City <b>WARWICK</b>	State <b>RI</b>	City <b>HOPE</b>	State <b>RI</b>
Zip <b>02889</b>		Zip <b>02831</b>	
8. List ALL directors: (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>JEE CAIN</b>		Director Name <b>MICHAEL MANNI</b>	
Street Address <b>24 BLINGTON AVE</b>		Street Address <b>451 SAMUEL GORTON AVE</b>	
City <b>PORTSMOUTH</b>	State <b>RI</b>	City <b>WARWICK</b>	State <b>RI</b>
Zip <b>02871</b>		Zip <b>02889</b>	
Director Name <b>BILL DIKO</b>		Director Name	
Street Address <b>36 Old Hope Kent Rd.</b>		Street Address	
City <b>HOPE</b>	State <b>RI</b>	City	State
Zip <b>02831</b>		Zip	
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.			
<b>Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.</b>			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative <b>[Signature]</b>			Date <b>5-10-21</b>
Signature of Officer/Authorized Representative			

**MAIL TO:**  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.n.gov